	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number 0 760603 62 692-2132												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	NTITY	OR	OTHER		
TC	TAL CLAIMS		19					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS					8			X\$ 9≈		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		C			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	7.2.0	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	Electer	CLAIMS REMAINING AFTER AMENDMENT	IIMS HIC IINING NU TER PREV		EST BER BUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	- d	<u>()</u>	-		X\$ 9=		OR	X\$18=		
	Independent	• (Minus	••• (3			X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIP			DEPENDENT CLAIM			1	+145=		OR	+290= /		
								TOTAL			TOTAL		
3-3-06 (Calumn 1) (Calumn 2) (Calumn 3)								ADDIT, FEEOH ADDIT, FEE					
AMENDMENT B	J 02	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.25	Minus	• 2	5	- 0		X\$ 9=		OR	X\$18=	Ó	
	Independent	• 3	Minus	•••	3_	= 0		X43=		OR	X86=	Ó .	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+145=		OR	+290=	d .	
								TOTAL IDDIT, FEE		OR	TOTAL ADDIT, FEE	0	
		(Column 1)		(Colun	nn 2)	(Column 3)	_						
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	*				X\$ 9=		OR	X\$18=		
	Independent	•	Minus	. ***		•		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		ľŀ						
• If the entry in column 1 is less than the entry in column 2, write '0' in column 3.													
* If the entry in column 1 is less than the entry in column 2, write "of the column 3. TOTAL TOTAL " ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE													
		ber Previously Pair					r four	nd in the app	ropriate box	in cot	umn 1.	•	

FORM PTO-875 (Rev. 10/03)

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